



### *Verification of Work Experience*

Consistent with the provisions in the certification program and 9VAC25-850-50, I certify that

\_\_\_\_\_ is currently employed by \_\_\_\_\_  
(Applicant's name) (Employer's name)

and has performed a percentage of his/her duties as

\_\_\_\_\_  
(ESC Program Administrator, SW Inspector, ESC Plan Reviewer, combined administrator, etc.)

since \_\_\_\_\_ and has accumulated \_\_\_\_\_ hours at that duty.  
(Dates of experience)

—  
ESC (place an "X" above which is applicable) or SWM

\_\_\_\_\_  
(Supervisor's printed name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Supervisor's signature)

\_\_\_\_\_  
(Position or Title)

If an employer (supervisor) falsifies any of the above information, the Program Administrator's, Inspector's, Plan Reviewer's, or Combined Administrator's certification (as well as the supervisor's) will be revoked until a hearing can be held. Falsifying information may void the certification.

**Note:** Only the experience actually performed as an Inspector, Plan Reviewer, or Program Administrator will apply toward certification.

As part of the process to obtain certificate, please complete this form and print the document. You will need to provide a copy at the exam.